L0500054348

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
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Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE: 2/5/2009 FLORIDA

REP UNIT:

3D DESIGN DISTRICT, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 15814 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

24-1494H

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	3D DESIGN DISTRICT, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L	.05000054348
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are submitted
Please return all corresponde	nce concerning this matter to the following:
RHOND. (Name	A MAYBIN of Person)
Capitol Corpora (Name of F	ate Services, Inc.
800 Brazo	s, Suite 400 idress)
	xas 78701 and Zip Code)
For further information conce	erning this matter, please call:
RHONDA MAY (Name of Pers	BIN at (800) 345-4647 (Area Code & Daytime Telephone Number)
Enclosed is a check made par liability company or \$25.00 is limited liability company.	yable to the Florida Department of State for \$85.00 for an active limited or an administratively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	r section 608.416(2) or 608.509, Florida Statutes, the und	ersigned,
CAPITOL CO	RPORATE SERVICES, INC. , hereby res	igns as
(Na	me of Registered Agent)	
Registered Agent for	3D DESIGN DISTRICT, LLC	<u> </u>
	(Name of Limited Liability Company)	
L05000054348		
(Document Number, if	known)	
A copy of this resignation w	ras mailed to the above listed limited liability company at	its last known address.
The agency is terminated an	d the office discontinued on the 31st day after the date on	which this statement is filed.
	Chesse (Signature of Resigning Agent)	
If signing on behalf of an en	tity:	O9 F
	Cheryl Roberts	
<u></u>	(Typed or Printed Name)	SSI - S
	President	m _o m
	(Capacity)	FF(S)
		XX C
If signing on behalf of an en	Cheryl Roberts (Typed or Printed Name) President	FEB -9 CRETARN LAHASSI

FILING FEES: \$ 85.00 Active \$ 25.00 Admi

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314